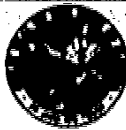


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 20 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762902

(5)

1. Corporation Name

MILWAUKEE GROVE HOUSE, INC.

Principal Place of Business

753 SCOTLAND ST
DUNEDIN FL 34698

Mailing Address

753 SCOTLAND ST
DUNEDIN FL 34698

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/16/1982

3a. Date of Last Report

04/20/1994

4. FEI Number

59-2186798

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

HOUGHTON, ERIC A.
1515 BAYSHORE BLVD #28
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/17/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRABER, ARLENE
STREET ADDRESS	1305 CURLEW ROAD
CITY - ST - ZIP	DUNEDIN FL
TITLE	TD
NAME	HOUGHTON, REBECCA
STREET ADDRESS	1515 BAYSHORE BLVD., #28
CITY - ST - ZIP	DUNEDIN FL
TITLE	SD
NAME	COKER, JANIS
STREET ADDRESS	234 THIRD AVENUE N.
CITY - ST - ZIP	SAFETY HARBOR FL
TITLE	PD
NAME	GRABER, DONALD
STREET ADDRESS	1305 CURLEW ROAD
CITY - ST - ZIP	DUNEDIN, FL 00000
TITLE	D
NAME	HANNA, JEAN
STREET ADDRESS	700 MEASE PLAZA #746
CITY - ST - ZIP	DUNEDIN FL
TITLE	D
NAME	TREBESCH, ANNEMY
STREET ADDRESS	590 HICKORYNUT AVENUE
CITY - ST - ZIP	OLDSMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	☒ Change	☒ Addition
1.2 NAME	Kivisto, Mary		
1.3 STREET ADDRESS	3209 PARKWAY PL		
1.4 CITY - ST - ZIP	Palm Harbor, FL 34684		
2.1 TITLE	TD	☒ Change	☒ Addition
2.2 NAME	Kivisto, Donald		
2.3 STREET ADDRESS	3209 PARKWAY PL		
2.4 CITY - ST - ZIP	Palm Harbor, FL 34684		
3.1 TITLE	PD	☒ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	D	☒ Change	☒ Addition
4.2 NAME	Scott, Joan		
4.3 STREET ADDRESS	634 Edgewater #243		
4.4 CITY - ST - ZIP	Dunedin, FL 34698		
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donald Kivisto

Donald Kivisto

4-12-95

P13-736-6632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #